

## Hysterectomy Information and Consent Form

This attachment includes the following information concerning Prior Authorization for a Hysterectomy procedure:

- ▶ **Required Documentation**
- ▶ **Telephone Initiated Prior Authorization**
- ▶ **Exceptions to Required Acknowledgment of Hysterectomy Information Statement**
- ▶ **Retroactive Authorization**
- ▶ **Retroactive Medicaid Eligibility: Hysterectomy Procedures**
- ▶ **42 Code of Federal Regulations §441.255**
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- ▶ **Scheduled Hysterectomy Reference Guide**

### Required Documentation

Hysterectomy procedures are a Medicaid benefit and may be reimbursed if medically necessary. Hysterectomies are **not** a benefit when performed solely for the purpose of sterilization. For your convenience, a Hysterectomy Reference Guide for scheduled and emergency hysterectomies is the final page of this attachment.

Documentation must include both of the following for scheduled, medically necessary hysterectomies:

1. Written acknowledgment that the patient, or her representative, has been informed orally and in writing that the hysterectomy will render the patient incapable of reproducing, and
2. Written acknowledgment that the patient or her representative received the hysterectomy information.

### Telephone Initiated Prior Authorization

When you initiate a Prior Authorization request for a hysterectomy by telephone, please be prepared to provide the following:

1. The medical necessity for the hysterectomy
2. The specific hysterectomy procedure code
3. The completed and signed hysterectomy acknowledgment statement sent by Fax transmission or mail.

### Acknowledgment of Hysterectomy Information and Consent Statement

There is no specific format for the acknowledgment of hysterectomy information statement. Physicians may design their own statement, but the statement must assure that the patient received the information required by federal regulation in 42 Code of Federal Regulations §441.255. A copy of this regulation follows these instructions. An example of an acknowledgment of hysterectomy information statement is included with this attachment. The statement must be signed by the patient or her representative. *The statement must be Faxed or mailed to Medicaid before a Prior Authorization number for the service will be issued.* Upon receipt of the hysterectomy information statement, a Prior Authorization number may be assigned and the provider will be notified by telephone.

Send the hysterectomy acknowledgment to:

MEDICAID PRIOR AUTHORIZATION UNIT  
P.O. BOX 143103  
SALT LAKE CITY UT 84114-3103

or use FAX number : **(801) 538-6382**

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### **Exceptions to Required Acknowledgment of Hysterectomy Information Statement**

An acknowledgment of hysterectomy information statement is not required in either of the following two situations:

#### **Exception #1: Patient is Already Sterile**

The statement is **not** required if the patient is already sterile at the time the hysterectomy is performed.

The surgeon must certify in writing that the patient was already sterile at the time of the hysterectomy, explain the cause of sterility, and send the written certification with the request for Prior Authorization. (42 CFR 441.225(d)(2)(ii)(1992).

#### **Exception #2: Emergencies Requiring Hysterectomy**

If the patient's condition is life-threatening (for example, a ruptured uterus with hemorrhage following labor and delivery), the physician performing the hysterectomy may determine that obtaining Prior Authorization is not possible. Approval for services may be granted "after-the-fact" with appropriate documentation and review. Medicaid requires the physician to submit the following documentation for the pre-payment review:

1. A completed Prior Authorization form, including the CPT code, Medicaid I.D. number for the patient, Medicaid provider number, and an explanation to justify the request for retroactive authorization for payment. Please include the name and telephone number of the person completing the request.
2. Documentation from the medical record to support the emergent nature of the procedure. Include written certification that the hysterectomy was performed because of the patient's life-threatening condition and that it was not possible to complete the acknowledgment of hysterectomy information statement before the hysterectomy was performed.
3. Patient history and physical
4. Operative report
5. Pathology report
6. Discharge summary

Send this information to the Medicaid Prior Authorization Unit.

### **Retroactive Medicaid Eligibility: Hysterectomy Procedures**

If a patient becomes eligible for Medicaid after a hysterectomy has been performed, the physician must submit written documentation to meet the federal regulations for reimbursement. Approval for services may be granted "after-the-fact" with appropriate documentation and review. Medicaid requires the physician to submit the following documentation for the pre-payment review:

1. A completed Prior Authorization form, including the CPT code, Medicaid I.D. number for the patient, Medicaid provider number, and an explanation to justify the request for retroactive authorization for payment. Please include the name and telephone number of the person completing the request.
2. Documentation of either:
  - A. The acknowledgment of hysterectomy information statement signed by the patient, that alternatives and consequences of a hysterectomy were fully explained prior to the surgery, specifically that she would be sterile and incapable of reproducing, OR
  - B. The patient met one of the exceptions; was already sterile or there were life-threatening emergency circumstances.
3. Patient history and physical
4. Operative report
5. Pathology report
6. Discharge summary

Send this information to the Medicaid Prior Authorization Unit.

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## Example of Hysterectomy Consent Form

Note: Medicaid will reimburse only those hysterectomies which meet the requirements of Title 42, Code of Federal Regulations §441.255. Before a hysterectomy is performed, the patient or her representative must receive oral and written information explaining that the hysterectomy will render the patient incapable of reproducing. The patient or her representative must acknowledge receipt of this information by completing and signing this form. Below is an EXAMPLE of acknowledgment and receipt of information regarding sterilization by hysterectomy.

Patient Name	_____	EXAMPLE FORM
Medicaid Identification Number	_____	
Patient Address	_____ _____	
Physician Name	_____	
Address	_____ _____	
<p>By signing below, the patient or her representative acknowledges being informed orally and in writing that this hysterectomy procedure will render her <u>permanently incapable of reproducing and that she has received a copy of this form.</u></p>		
Date:	_____	
	_____	
	(Patient's Signature)	
OR	_____	
	(Patient's Representative's Signature)	
	_____	
	(Typed Description of Representative's Relationship to Patient)	
	_____	
	Signature of Physician or Physician's Staff Member providing this information to the Patient or her Representative.	

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### SCHEDULED HYSTERECTOMY REFERENCE GUIDE

<b>Patient Eligibility</b>	<b>Patient Sterile or Not Sterile?</b>	<b>Requirements</b>
Patient eligible on date of service	Patient already sterile	<ol style="list-style-type: none"> <li>1. Written Prior Authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary</li> <li>2. Surgeon's written certification that the individual was already sterile at the time of the hysterectomy and explaining the cause of sterility.</li> </ol>
Patient eligible on date of service	Patient not already sterile	<p>Telephone Prior Authorization request must include:</p> <ol style="list-style-type: none"> <li>1. An explanation of the medical necessity for the hysterectomy</li> <li>2. The specific hysterectomy procedure code</li> <li>3. The completed and signed hysterectomy acknowledgment statement faxed or mailed to Medicaid Prior Authorization Unit</li> </ol>
Patient retroactively eligible	Patient already sterile	Send written Prior Authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary, and include the surgeon's written certification that the patient was already sterile at the time of the hysterectomy , and explaining the cause of sterility.
Patient retroactively eligible	Patient not already sterile	<p>Send written Prior Authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary.</p> <p>Include written acknowledgment of hysterectomy information statement signed by the patient, that alternatives and consequences of a hysterectomy were fully explained <u>prior to the surgery</u>, specifically that she would be sterile and incapable of reproducing.</p>

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### EMERGENCY HYSTERECTOMY REFERENCE GUIDE

Patient Eligibility	Patient Sterile or Not Sterile?	Requirements
Patient eligible on date of service	Patient already sterile	<ol style="list-style-type: none"> <li>1. Written Prior Authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary.</li> <li>2. Written certification that the hysterectomy was performed because of the patient's life-threatening condition and that it was not possible to complete the acknowledgment of hysterectomy information statement before the hysterectomy was performed.</li> <li>3. Written documentation describing the nature of the emergency.</li> <li>4. Surgeon's written certification that the individual was already sterile at the time of the hysterectomy and explaining the cause of sterility.</li> </ol>
Patient eligible on date of service	Patient not already sterile	<ol style="list-style-type: none"> <li>1. Written Prior Authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary.</li> <li>2. Written certification that the hysterectomy was performed because of the patient's life-threatening condition and that it was not possible to complete the acknowledgment of hysterectomy information statement before the hysterectomy was performed.</li> <li>3. Written documentation describing the nature of the emergency.</li> </ol>
Patient retroactively eligible	Patient already sterile	<ol style="list-style-type: none"> <li>1. Written Prior Authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary.</li> <li>2. Written certification that the hysterectomy was performed because of the patient's life-threatening condition and that it was not possible to complete the acknowledgment of hysterectomy information statement before the hysterectomy was performed.</li> <li>3. Written documentation describing the nature of the emergency.</li> <li>4. Surgeon's written certification that the individual was already sterile at the time of the hysterectomy and explaining the cause of sterility.</li> <li>5. Acknowledgment of hysterectomy information statement signed by the patient, that alternatives and consequences of a hysterectomy were fully explained <u>prior to the surgery</u>, specifically that she would be sterile and incapable of reproducing, OR</li> <li>6. Patient met one of the exceptions.</li> </ol>
Patient retroactively eligible	Patient not already sterile	<ol style="list-style-type: none"> <li>1. Written Prior Authorization request with documentation, the history and physical examination report, the operative report, the pathology report, the hospital discharge summary.</li> <li>2. The acknowledgment of hysterectomy information statement signed by the patient, that alternatives and consequences of a hysterectomy were fully explained <u>prior to the surgery</u>, specifically that she would be sterile and incapable of reproducing.</li> </ol>